



ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501) 371-2605
<http://www.state.ar.us/insurance/>

2003 SLI-T INSTRUCTIONS
ACCOUNTING DIVISION

FILING FEE INSTRUCTIONS FOR APPROVED FOREIGN SURPLUS LINES INSURERS

FILING REQUIREMENTS: IN ONE PACKET ENCLOSE THE FOLLOWING:

- ☐ 2003 FORM AID AC SLI-T (ANNUAL REPORT FEES)
- ☐ COMPANY CHECK MADE PAYABLE TO: THE STATE INSURANCE DEPARTMENT TRUST FUND.

SEPARATE FILINGS AND CHECKS ARE REQUIRED FOR EACH INSURER. CHECKS MUST BE MADE PAYABLE AS NOTED ON THE FORM AND ATTACHED TO THE FORM.

DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS:

ARKANSAS INSURANCE DEPT.
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION
(501) 371-2605
Email: Insurance.Accounting@mail.state.ar.us

PENALTIES:	ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607. THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS. ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1, 2004. NO AUTHORITY EXISTS FOR GRANTING ANY EXTENSION OF TIME FOR FILING OR PAYMENT.
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**ARKANSAS INSURANCE DEPARTMENT****2003 AID AC SLI-T**

1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE: (501) 371-2605
WWW.STATE.AR.US/INSURANCE/

ACCOUNTING DIVISION
DUE MARCH 1, 2004

___ ORIGINAL FILING

___ AMENDED FILING

**ANNUAL FILING FEE FOR APPROVED
FOREIGN SURPLUS LINES INSURERS**

NAIC COMPANY CODE (5 digit code)		STATE OF DOMICILE
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

FILE THE FOLLOWING ANNUAL FEES DUE THE STATE OF ARKANSAS PURSUANT TO
ACA 23-61-401 AND DEPARTMENT RULE AND REGULATION 57:

ANNUAL STATEMENT FILING FEE	\$ 50.00
RULE 57 ANNUAL CONTINUATION FEE	<u>500.00</u>
TOTAL FEES DUE	\$550.00*

*** MAKE COMPANY CHECK PAYABLE TO THE STATE INSURANCE DEPARTMENT
TRUST FUND AND ATTACH TO THIS FORM.**

FILED THIS _____ DAY OF _____, 20____.

SIGNED BY: _____ (OFFICER OR DIRECTOR)

_____ (PRINTED NAME)

_____ (TITLE)